	ase 6:23-bk-151	Mair	n Document Page	Entered 11/1 e 1 of 51	7/23 22:31:50	0 Desc
Debtor 1	Joseph First Name	Duaine  Middle Name	Vargas  Last Name			
Debtor 2 (Spouse, if filing		Middle Name	Last Name			
United States	Bankruptcy Court for the	e: Central	District of Cali	fornia		
Case number	6:23-bk-15162-N	1H				Check if this is an amended filing
	orm 106A/B					
Schedu	ıle A/B: Pro	perty				12/15
☑ No.			ing, Land, or Other Rea			terest In
1.1 _	treet address, if available	Sing	the property? Check all that apply le-family home ex or multi-unit building	the am	ount of any secured o	ns or exemptions. Put claims on Schedule D: Secured by Property.
	escription	☐ Man				Current value of the portion you own?
C	ity State 2	ZIP Code	r	(such as	•	ownership interest y by the entireties, or
С	ounty	☐ Debt ☐ Debt ☐ Debt	s an interest in the property? ( or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and anoth	Che	ck if this is commur	nity property

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages

you have attached for Part 1. Write that number here

property identification number: \_

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No

✓ Yes

Other information you wish to add about this item, such as local

\$0.00

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Debtor Vargas, Joseph Duaine Case number (if known) 6:23-bk-15162-MH

	3.1	Make:	Chevrolet	Who has an interest in the property? Check one.	Do not deduct secured cla	aims or exemptions. Put
		Model:	Volt	☑ Debtor 1 only ☐ Debtor 2 only	the amount of any secure Creditors Who Have Clair	
			2012	Debtor 1 and Debtor 2 only		
		Year:	2013	☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		Approximate mileage:	80,000	☐ Check if this is community property (see	\$500.00	\$500.00
		Other information:		instructions)		
		Located at Nuts and \US 377, Ste G, Kruge 76227				
4.		<i>mples:</i> Boats, trailers, mo No		and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle a		
	4.1	Make:		Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
		Year:		Debtor 1 and Debtor 2 only	Current value of the	Current value of the
		Other information:		☐ At least one of the debtors and another	entire property?	portion you own?
				Check if this is community property (see instructions)		
				ilistractions)		
5. Pa		have attached for Part	2. Write that n	wn for all of your entries from Part 2, including any umber here		\$500.00
Do y	ou ow	n or have any legal or	equitable inter	est in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Hous	sehold goods and furni	ishings			
	Exar	mples: Major appliances	, furniture, line	ns, china, kitchenware		
		No				
	<b>₫</b> Y	/es. Describe	Household god	ds and furnishings		\$800.00
7.	Elec	tronics				
	Exan	-		deo, stereo, and digital equipment; computers, printersicluding cell phones, cameras, media players, games	s, scanners; music	
		No				
	<b>₫</b> Y	es. Describe	Electronics			\$2,000.00

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Debtor Vargas, Joseph Duaine

8.	Collectibles of value						
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles						
	☑ No						
	Yes. Describe						
9.	Equipment for sports and hobbies						
J.	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments						
	☑ No						
	Yes. Describe						
10.	Firearms  Examples: Pistols, rifles, shotguns, ammunition, and related equipment						
	□ No						
	▼ Yes. Describe Firearms \$300.00						
11.	Clothes						
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories						
	□ No						
	✓ Yes. Describe         Clothes         \$500.00						
12.	Jewelry						
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver						
	<b>☑</b> No						
	Yes. Describe						
13.	Non-farm animals						
13.	Examples: Dogs, cats, birds, horses						
	<b>☑</b> No						
	☐ Yes. Describe						
14.	Any other personal and household items you did not already list, including any health aids you did not list						
	☑ No						
	Yes. Give specific information						
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached						
	for Part 3. Write that number here						
Pa	rt 4: Describe Your Financial Assets						
	ou own or have any legal or equitable Current value of the portion you own?  Do not deduct secured claims or exemptions.						

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Debtor Vargas, Joseph Duaine

16.	6. Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition				
	☐ No <b>☑</b> Yes			. Cash:	unknown
17.			nts; certificates of deposit; shares in credit ur ultiple accounts with the same institution, list		
	☐ No ☑ Yes		Institution name:		
		17.1. Checking account:	Chase		unknown
		17.2. Checking account:	Navy Federal Credit Union		\$1,874.00
		17.3. Savings account:	Navy Federal Credit Union		\$1,018.00
		17.4. Other financial account:	Robinhood		unknown
18.			erage firms, money market accounts		
19.	Non-publicly traded s LLC, partnership, and		nted and unincorporated businesses, incl	uding an interest in an	
	<b>₫</b> No				
	Yes. Give specific information about them	Name of entity:		% of ownership:	
20.	Negotiable instruments	include personal checks, cashier	ble and non-negotiable instruments rs' checks, promissory notes, and money ord er to someone by signing or delivering them.		
	information about them	Issuer name:			

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Debtor Vargas, Joseph Duaine

21.	Retirement or pension accounts  Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans						
	√ No						
	Yes. List each account separately.	Type of account:	Institution name:				
		401(k) or similar plan:					
		Pension plan:					
		IRA:					
		Retirement account:					
		Keogh:					
		Additional account:					
		Additional account:					
22.	Security deposits and						
	Examples: Agreements		de so that you may continue service or use from a company  I rent, public utilities (electric, gas, water), telecommunications companies, or				
	others						
	✓ No  ☐ Yes	In	stitution name or individual:				
	res	Electric:	stitution name or individual.				
		Gas:	_				
		Heating oil:					
			ntal unit:				
		Prepaid rent:					
		Telephone:					
		Water:					
		Rented furniture:					
		Other:					
23.	Annuities (A contract for	or a periodic payment of	money to you, either for life or for a number of years)				
	<b>√</b> No						
	☐ Yes	Issuer name and descr	iption:				
		-					

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Debtor Vargas, Joseph Duaine

24.	Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).		
	✓ No  ☐ Yes	.S.C. § 521(c):	
25.	Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or for your benefit	powers exercisable	
	<b>☑</b> No		
	Yes. Give specific information about them		
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements		
	<b>☑</b> No		
	Yes. Give specific		
	information about them		
27.	Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, profess	sional licenses	
	<b>√</b> No		
	Yes. Give specific information about them		
Mone	ey or property owed to you?		Current value of the
			portion you own?  Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	<b>☑</b> No		
	☐ Yes. Give specific information about	deral:	
	already filed the returns and		
	the tax years		
	Loc	cal:	
29.	Family support		
	Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement	ent, property	
	<b>√</b> No		
	Yes. Give specific information	mony:	
		intenance:	
		oport:	
		•	
		orce settlement:	
	Pro	perty settlement:	

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30.	Other amounts someone owes you	
	Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else	
	☑ No	
	Yes. Give specific information	
31.	Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance	
	<b>☑</b> No	
	Yes. Name the insurance company of each policy and list its value Company name: Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you from someone who has died	
	If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.	
	<b>☑</b> No	
	Yes. Give specific information	
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue	
	<b>☑</b> No	
	Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims	
	☑ No	
	Yes. Describe each claim	
35.	Any financial assets you did not already list	
	<b>☑</b> No	
	Yes. Give specific information	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached	
	for Part 4. Write that number here	\$2,892.00
Pa	Describe Any Business-Related Property You Own or Have an Interest In. List any r	eal estate in Part 1.
37.	Do you own or have any legal or equitable interest in any business-related property?	
	☑ No. Go to Part 6.	
	☐ Yes. Go to line 38.	

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Debtor Vargas, Joseph Duaine

			Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or co	mmissions you already earned	
	<b>√</b> No		
	Yes. Describe		٦
39.	Office equipment, furnishi	ngs, and supplies	
	Examples: Business-relate electronic device	d computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chaires	S,
	<b>₫</b> No		
	Yes. Describe		7
			_
40.	Machinery, fixtures, equip	ment, supplies you use in business, and tools of your trade	
	<b>₫</b> No		
	Yes. Describe		7
41.	Inventory		
	<b>₫</b> No		
	Yes. Describe		7
			]
42.	Interests in partnerships of	r joint ventures	
	<b>√</b> No		
	Yes. Describe		
	Nar	ne of entity: % of ownership:	
			_
			-
43.	Customer lists, mailing lis	ts, or other compilations	
	<b>₫</b> No		
	Yes. Do your lists inclu	de personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	☐ No		_
	Yes. Describe.		
			_

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44.	Any business-related p	roperty you did not already list	
	<b>√</b> No		
	Yes. Give specific information		
45.	Add the dollar value of for Part 5. Write that nu	all of your entries from Part 5, including any entries for pages you have attached mber here	\$0.00
Pa	ιι Ο.	ny Farm- and Commercial Fishing-Related Property You Own or Have an rhave an interest in farmland, list it in Part 1.	Interest In.
46.	Do you own or have an	y legal or equitable interest in any farm- or commercial fishing-related property?	
	☑ No. Go to Part 7.		
	Yes. Go to line 47.		
			Current value of the
			portion you own?
			Do not deduct secured claims or exemptions.
47.	Farm animals  Examples: Livestock, po	pultry, farm-raised fish	
	<b>√</b> No	,,	
	Yes		
	<b>_</b> .ss		
48.	Crops—either growing	or harvested	
	<b>√</b> No		
	Yes. Give specific information		
49.	Farm and fishing equip	ment, implements, machinery, fixtures, and tools of trade	
	<b>√</b> No		
	☐ Yes		
50.	Farm and fishing suppl	ies, chemicals, and feed	
	<b>√</b> No		
	☐ Yes		
51.	Any farm- and commer	cial fishing-related property you did not already list	
	<b>√</b> No		
	Yes. Give specific information		
	iriioimallon		

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Debtor Vargas, Joseph Duaine

52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0.00					
Pa	rt 7: Describe All Property You Own or Have an Interest in That You Did Not List Above						
53.	53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  ✓ No  ☐ Yes. Give specific information						
54. Pa	Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00					
55.	Part 1: Total real estate, line 2	\$0.00					
56.	Part 2: Total vehicles, line 5 \$500.00						
57.	Part 3: Total personal and household items, line 15 \$3,600.00						
58.	Part 4: Total financial assets, line 36 \$2,892.00						
59.	Part 5: Total business-related property, line 45 \$0.00						
60.	Part 6: Total farm- and fishing-related property, line 52 \$0.00						
61.	Part 7: Total other property not listed, line 54 + \$0.00						
62.	Total personal property. Add lines 56 through 61	+\$6,992.00					
63.	Total of all property on Schedule A/B. Add line 55 + line 62.	\$6,992.00					

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Fill in this information to identify your case:						
Debtor 1	Joseph	Duaine	Vargas			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bank	ruptcy Court for the:	Ce	entral District of California			
Case number (if known)	6:23-bk-15162	2-MH			Check if this amended file	

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt							
<ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.</li> <li>You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)</li> <li>You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)</li> <li>For any property you list on Schedule A/B that you claim as exempt, fill in the information below.</li> </ol>							
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption				
	Copy the value from Schedule A/B	Check only one box for each exemption.					
Brief description:  Household goods and furnishings  Line from Schedule A/B:  6	\$800.00	\$800.00  100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020				
Brief description:  Electronics  Line from Schedule A/B: 7	\$2,000.00	\$2,000.00  100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020				
3. Are you claiming a homestead exemption of more than \$189,050?  (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)  ✓ No  ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  ☐ No  ☐ Yes							

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Debtor 1	Joseph	Duaine	Vargas	Case number (if known) 6:23-bk-15162-MH	_
	First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·	_
Part 2: Addi	tional Page				
Brief description of the property and line on Schedule A/B that lists this property			Current value of the portion you own	Amount of the exemption you claim Specific laws that allow exemption	n
			Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description Clothes	n:		\$500.00	<b>2</b> \$500.00 C.C.P. § 704.020	
Line from Schedule A/B:	11			to any applicable statutory limit	<u> </u>
Brief description  Cash	n:		unknown	✓ unknown C.C.P. § 704.070(b)(2)	_
Line from Schedule A/B:	16			to any applicable statutory limit	_

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Ouc	0.20 bk 101	Ma Ma	in Document	Page 13 o	f 51	22.01.00	.50
Fill in this inform	ation to identify your ca	ise:					
Debtor 1	Joseph First Name	<b>Duaine</b> Middle Name	Vargas Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
	Bankruptcy Court for the			of <u>California</u>			
Case number (i known)	f <u>6:23-bk-15162-MH</u>					Check if amende	this is an d filing
Official Ford		itors Wh	o Have Cla	aims Sec	ured by F	Property	12/15
nore space is no name and case r I. Do any cred \(\sum \) No. Chec \(\sum \) Yes. Fill i	eeded, copy the Addit number (if known). litors have claims sec	ional Page, fill it oured by your prophis form to the coubelow.	d people are filing toge out, number the entries perty? urt with your other sched	s, and attach it to t	his form. On the top	o of any additional pag	
separately f	for each claim. If more t Part 2. As much as pos	han one creditor h	one secured claim, list the last a particular claim, list and a particular claim, list and a last	t the other	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
	ARGO DEALER SERV	CES Describ	e the property that sec	ures the claim:	\$3,570.00	\$500.00	\$3,070.00
PO Box 7	1092		nevrolet Volt at Nuts and Volts, 4900 US	377, Ste G, Krugervill	e, TX 76227		
City Who owes  Debtor	s the debt? Check one 1 only	Code Cont Code Disp Nature o	quidated uted <b>of lien.</b> Check all that ap greement you made (su	oply. ch as mortgage or s			
<ul><li>☐ Debtor</li><li>☐ Debtor</li></ul>	2 only 1 and Debtor 2 only		utory lien (such as tax lie gment lien from a lawsuit	•			

☐ At least one of the debtors and

☐ Check if this claim relates to a

community debt

another

AutoLoan

8 4 6 0

\$3,570.00

☐ Other (including a right to

offset)

Add the dollar value of your entries in Column A on this page. Write that number here:

Date debt was incurred <u>5/18/2020</u> Last 4 digits of account number

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		Additional Daga		Column A	Column B	Column C		
Dont 1	art 1:	Additional Page		Amount of claim	Value of collateral	Unsecured		
Г	ait i.	<b>U</b> 2	s page, number them beginning with 2.3,	Do not deduct the	that supports this claim	portion		
		followed by 2.4, and so forth.		value of collateral.	Ciaim	If any		
2.2			Describe the property that secures the claim:					
	Creditor'	s Name		7				
	<del></del>							
	Number	Street	As of the date you file, the claim is: Check all tha	t apply.				
			☐ Contingent					
	0.1	710.0	☐ Unliquidated					
	City	State ZIP Code	☐ Disputed					
	Who ow	ves the debt? Check one.	Nature of lien. Check all that apply.					
	☐ Debi	tor 1 only	☐ An agreement you made (such as mortgage or	secured car loan)				
	☐ Deb	tor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
	☐ Deb	tor 1 and Debtor 2 only	☐ Judgment lien from a lawsuit					
	At least one of the debtors and another		Other (including a right to offset)					
		ck if this claim relates to a munity debt						
	Date de	bt was incurred	Last 4 digits of account number					
	Add the	dollar value of your entries in (	Column A on this page. Write that number here:	\$0.00				
		the last page of your form, add at number here:	I the dollar value totals from all pages.	\$3,570.00				

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Fill in this information to identify your case:							
Debtor 1	Joseph First Name	<b>Duaine</b> Middle Name	Vargas Last Name				
Debtor 2							
(Spouse, if filing) United States E	First Name  Bankruptcy Court for the	Middle Name	Last NameDistrict ofCalifornia				
Case number (if known)	6:23-bk-15162-MH			Check if this is an amended filing			

#### Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B:* Property (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property.* If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Р	art 1: List All of Your PRIORITY U	nsecured Claims							
1.	Do any creditors have priority unsecured  ✓ No. Go to Part 2.  ☐ Yes.	claims against you?							
2.	List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.								
	(For an explanation of each type of claim, se	e the instructions for this form in the instruction booklet.)							
			Total claim	Priority amount	Nonpriority amount				
2.1		Last 4 digits of account number							
	Priority Creditor's Name	When was the debt incurred?							
	Number Street	_ As of the date you file, the claim is: Check all that apply □ Contingent □ Unliquidated □ Disputed							
	City State ZIP Code								
	Who incurred the debt? Check one.								
	☐ Debtor 1 only	Type of PRIORITY unsecured claim:							
	☐ Debtor 2 only	<ul> <li>☐ Domestic support obligations</li> <li>☐ Taxes and certain other debts you owe the government</li> </ul>							
	Debtor 1 and Debtor 2 only								
	At least one of the debtors and another	Claims for death or personal injury while you were intoxicated  Other. Specify							
	☐ Check if this claim is for a community debt								
	Is the claim subject to offset?								
	_								
	☐ No								

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Debtor 1 Joseph Duaine Main Document Page 16 of 51

First Name Middle Name Last Name

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Case number (if known) 6:23-bk-15162-MH

Pa	art 2: List All of Your NONPRIORITY Unsecured	d Claims						
	Do any creditors have nonpriority unsecured claims aga  No. You have nothing to report in this part. Submit this fo	•						
	☑ Yes							
	nonpriority unsecured claim, list the creditor separately for ea	abetical order of the creditor who holds each claim. If a creditor has more than one ach claim. For each claim listed, identify what type of claim it is. Do not list claims already ir claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured						
		Total claim						
4.1	CHASE CARD SERVICES	Last 4 digits of account number <u>1 8 4 7</u> \$6,771.00						
	Nonpriority Creditor's Name	When was the debt incurred? 4/20/2019						
	PO BOX 15298	when was the dept incurred? 4/20/2019						
	Number Street							
		As of the date you file, the claim is: Check all that apply.						
	WILMINGTON, DE 19850-5298	Contingent						
	City State ZIP Code	<ul> <li>☐ Unliquidated</li> <li>☐ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as</li> </ul>						
	Who incurred the debt? Check one.							
	<b>☑</b> Debtor 1 only							
	Debtor 2 only							
	☐ Debtor 1 and Debtor 2 only							
	At least one of the debtors and another	priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts  ☑ Other. Specify Credit Card						
	☐ Check if this claim is for a community debt							
	Is the claim subject to offset?							
	<b>☑</b> No							
	☐ Yes							
4.2	CHASE CARD SERVICES	Last 4 digits of account number 8 6 1 1 1 \$5,596.00						
	Nonpriority Creditor's Name							
	PO BOX 15298	When was the debt incurred? 3/3/2021						
	Number Street							
		As of the date you file, the claim is: Check all that apply.						
	WILMINGTON, DE 19850-5298	Contingent						
	City State ZIP Code	Unliquidated						
	Who incurred the debt? Check one.	☐ Disputed						
	<b>☑</b> Debtor 1 only	Type of NONPRIORITY unsecured claim:						
	Debtor 2 only	☐ Student loans						
	☐ Debtor 1 and Debtor 2 only	☐ Obligations arising out of a separation agreement or divorce that you did not report as						
	☐ At least one of the debtors and another	priority claims						
	☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>Credit Card</u>						
	Is the claim subject to offset?							
	√ No							
	☐ Yes							

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Case number (if known) 6:23-bk-15162-MH Debtor 1 Duaine Joseph Vargas Last Name

Middle Name

First Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page **Total claim** After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. CITIBANK Last 4 digits of account number 1 6 4 6 \$7,798.00 Nonpriority Creditor's Name When was the debt incurred? 7/17/2019 PO BOX 6190 Number As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS, SD 57117-6190 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Credit Card Is the claim subject to offset? **☑** No ☐ Yes 4.4 EDFINANCIAL SERVICES Last 4 digits of account number \$5,500.00 0 3 2 1 Nonpriority Creditor's Name When was the debt incurred? 8/11/2021 120 N SEVEN OAKS DR Number As of the date you file, the claim is: Check all that apply. Contingent KNOXVILLE, TN 37922-2359 ■ Unliquidated ZIP Code State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☐ Other. Specify Is the claim subject to offset? **☑** No

☐ Yes

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Vargas Case number Debtor 1 Duaine Case number (if known) 6:23-bk-15162-MH Joseph First Name Middle Name Last Name

Pa	Your NONPRIORITY Unsecured Claims —	Continuation Page	
Afte	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim
4.5	EDFINANCIAL SERVICES	Last 4 digits of account number 0 3 2 1	\$5,500.00
	Nonpriority Creditor's Name	<del></del>	
	120 N SEVEN OAKS DR	When was the debt incurred? 8/12/2020	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	KNOXVILLE, TN 37922-2359	☐ Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	✓ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	✓ Student loans	
	Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you described the separation agreement of the separ</li></ul>	lid not report as
	☐ At least one of the debtors and another	priority claims	
	☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts	
		Other. Specify	
	Is the claim subject to offset?		
	<b>☑</b> No		
	☐ Yes		
4.6	EDFINANCIAL SERVICES	Last 4 digits of account number 0 3 2 1	\$2,750.00
	Nonpriority Creditor's Name		
	120 N SEVEN OAKS DR	When was the debt incurred? 1/29/2020	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	KNOXVILLE, TN 37922-2359	☐ Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	_	Type of NONPRIORITY unsecured claim:	
	✓ Debtor 1 only  □ Debtor 2 only	☑ Student loans	
	Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you depend on the control of the</li></ul>	lid not report as
	At least one of the debtors and another	priority claims	na not roport ao
	☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts	
	2 chook it this claim is is: a community door	Other. Specify	
	Is the claim subject to offset?		
	<b>☑</b> No		
	☐ Yes		
4.7	SOFI BANK	Last 4 digits of account number 6 5 0 8	\$10,669.00
	Nonpriority Creditor's Name	<u> </u>	
	2750 E COTTONWOOD PKWY	When was the debt incurred? 9/12/2022	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	COTTONWD HTS, UT 84121-7284	☐ Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐ Student loans	
	Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you described the second of the sec</li></ul>	lid not report as
	☐ At least one of the debtors and another	priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	•	☑ Other. Specify <u>Unsecured</u>	
	Is the claim subject to offset?		
	<b>☑</b> No		
	☐ Yes		

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Debtor 1 Joseph Duaine Case number (if known) 6:23-bk-15162-MH First Name Middle Name Last Name

Pa	Your NONPRIORITY Unsecured Claims —	Continuation Page		
Afte	r listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so fo	rth.	Total claim
4.8	SYNCHRONY / CARE CREDIT	Last 4 digits of account number	4 1 7 7	\$2,958.00
	Nonpriority Creditor's Name		<del></del>	
	950 FORRER BLVD	When was the debt incurred?	2/2/2018	
	Number Street			
		As of the date you file, the claim is	s: Check all that apply.	
	KETTERING, OH 45420-1469	Contingent		
	City State ZIP Code	Unliquidated		
	Who incurred the debt? Check one.	☐ Disputed		
	✓ Debtor 1 only	Type of NONPRIORITY unsecured	claim:	
	Debtor 2 only	☐ Student loans		
	Debtor 1 and Debtor 2 only	<ul><li>Obligations arising out of a separation</li></ul>	ration agreement or divorce the	at you did not report as
	At least one of the debtors and another	priority claims	ianon agroomoni or arroros ar	ar you are not roport ao
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing	<b>.</b> .	S
	a chock if the claim is for a commany about	☑ Other. Specify Charge Account		
	Is the claim subject to offset?			
	☑ No			
	☐ Yes			
4.9	SYNCHRONY / PAYPAL	Last 4 digits of account number	5 6 4 0	\$3,564.00
	Nonpriority Creditor's Name	_		
	PO BOX 530975	When was the debt incurred?	7/8/2017	
	Number Street	•		
		As of the date you file, the claim is	s: Check all that apply.	
	ORLANDO, FL 32896-0001	☐ Contingent		
	City State ZIP Code	Unliquidated		
	•	Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured	claim:	
	Debtor 1 only		Ciaiiii.	
	Debtor 2 only	Student loans		at did not renort on
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation priority claims	ration agreement or divorce th	at you did not report as
	At least one of the debtors and another	Debts to pension or profit-sharing	g plans, and other similar debt	S
	☐ Check if this claim is for a community debt	☑ Other. Specify Charge Account		
	Is the claim subject to offset?			
	☑ No			
	☐ Yes			
4.10	WELLS FARGO BANK	Last 4 digits of account number	2 4 5 5	\$3,838.00
	Nonpriority Creditor's Name	Last 4 digits of account number	2 4 5 5	ψ0,000.00
	PO BOX 14517	When was the debt incurred?	3/25/2022	
	Number Street			
		As of the date you file, the claim is	s: Check all that apply.	
	DEC MOINES 14 50200 2547	☐ Contingent		
	DES MOINES, IA 50306-3517 City State ZIP Code	☐ Unliquidated		
	City State ZIF Code	☐ Disputed		
	Who incurred the debt? Check one.			
	☑ Debtor 1 only	Type of NONPRIORITY unsecured	claim:	
	Debtor 2 only	☐ Student loans		
	Debtor 1 and Debtor 2 only	Obligations arising out of a separ	ration agreement or divorce the	at you did not report as
	At least one of the debtors and another	priority claims  Debts to pension or profit-sharing	g plans, and other similar debt	S
	☐ Check if this claim is for a community debt	✓ Other. Specify Credit Card	g p. saile, saile enter entitle debt	<del>-</del>
	Is the claim subject to offset?	_ one open,		
	☑ No			
	☐ Yes			

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Vargas Page 20 of 51
Case number Duaine

Debtor 1 Joseph First Name

Middle Name

Last Name

Part 4:	Add the Amounts for Each Type of Unsecured Claim								
		ts of certain types of unsecured claims. This information is s for each type of unsecured claim.	for sta	cal reporting purposes	s only. 28 U.S.C. § 159.				
				Total claim					
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0	00				
ITOIII Part I	6b.	Taxes and certain other debts you owe the government	6b.	\$0	00				
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0	00_				
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$0	00_				
	6e.	<b>Total.</b> Add lines 6a through 6d.	6e.	\$0.	00_				
				Total eleim					
				Total claim					
Total claims from Part 2	6f.	Student loans	6f.	\$13,750	<u>00</u>				
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0	00_				
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0	00				
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$41,194	00_				
	6j.	Total. Add lines 6f through 6i.	6j.	\$54,944.	00_				

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Fill in this information	to identify your case:	:		
Debtor 1	Joseph	Duaine	Vargas	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankr	ruptcy Court for the:	C	entral District of Californi	a
Case number (if known)	6:23-bk-15162	2-MH		

### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whom	ı you ha	ve the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	

#### Case 6:23-bk-15162-MH Doc 9 Filed 11/17/23 Entered 11/17/23 22:31:50 Desc Main Document Page 22 of 51

Fill in this information to identify your case:							
Debtor 1	Joseph First Name	<b>Duaine</b> Middle Name	Vargas Last Name				
Debtor 2	i iist ivaille	Middle Name	Last Name				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: Central District of California							
Case number (if known)	6:23-bk-15162-MH			Check if this is an amended filing			

### Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

knov	n). Answer ever	y question.		
1.	Do you have a  ✓ No  ☐ Yes	iny codebtors? (If you are filing a joint case,	do not list either spouse as a c	odebtor.)
2.		t 8 years, have you lived in a community p oo, Louisiana, Nevada, New Mexico, Puerto R		ommunity property states and territories include Arizona, lisconsin.)
	No. Go to li			
		our spouse, former spouse, or legal equivalen	live with you at the time?	
	<b>₫</b> No			
	Yes. In	which community state or territory did you live	9?	Fill in the name and current address of that person.
	Name	of your spouse, former spouse, or legal equiv	alent	
	Numbe	er Street		
	City	State	ZIP Code	
3.	2 again as a c	odebtor only if that person is a guarantor	or cosigner. Make sure you h	our spouse is filing with you. List the person shown in line ave listed the creditor on <i>Schedule D</i> (Official Form 106D), <i>ule D</i> , <i>Schedule E/F</i> , or <i>Schedule G</i> to fill out Column 2.
	Column 1: You	r codebtor		Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1				
	Name			☐ Schedule D, line
	Nicosia	04		☐ Schedule E/F, line
	Number	Street		☐ Schedule G, line
	City	State	ZIP Code	
3.2				_
	Name			☐ Schedule D, line
	Necesia	04		☐ Schedule E/F, line
	Number	Street		☐ Schedule G, line
	City	State	ZIP Code	

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Fill in this information	on to identify your ca	se:		
Debtor 1	<b>Joseph</b> First Name	<b>Duaine</b> Middle Name	Vargas Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the	_	Central District of Calif	ornia
Case number (if known)	6:23-bk-151	162-MH		

### Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Ра	rt 1: Describe Employment								
1.	Fill in your employment information.		Debtor 1				Debtor 2 or nor	n-filing spo	use
	If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation Employer's name	Employed  Business tax  Department of	repre		inistration	□ Employed □ No	t Employed	
	Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	Employer's address	1521 W Cam Number Stree	eron			Number Street		
		How long employed there?	West Covina, City	CAS		ip Code	City	State	Zip Code
Pa	ort 2: Give Details About Mor	•	10 monurs		_				
	Estimate monthly income as of the unless you are separated.  If you or your non-filing spouse has more space, attach a separate she	ve more than one employer, o							
	more space, attach a separate she	set to this form.			For De	ebtor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, salary deductions.) If not paid monthly, ca			2.	\$5,1	09.00	\$0.00		
3.	Estimate and list monthly overting	ne pay.		3.	+	\$0.00	+ \$0.00		
4.	Calculate gross income. Add line	2 + line 3.		4.	\$5,1	09.00	\$0.00		

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Debtor 1 Joseph Duaine Vargas Case number (if known) 6:23-bk-15162-MH

Last Name

First Name

Middle Name

			For Debtor 1		ebtor 2 or iling spouse	
	Copy line 4 here→	4.	\$5,109.00		\$0.00	
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$898.85		\$0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$386.41		\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$177.07		\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00		\$0.00	
	5e. Insurance	5e.	\$128.84		\$0.00	
	5f. Domestic support obligations	5f.	\$0.00		\$0.00	
	5g. Union dues	5g.	\$77.89		\$0.00	
	5h. Other deductions. Specify: ARAG	5h.	+ \$10.19	+	\$0.00	
6.	<b>Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$1,679.25		\$0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,429.75		\$0.00	
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm					
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	<b>#0.00</b>		<b>#0.00</b>	
	monthly net income.	8a.	\$0.00		\$0.00	
	8b. Interest and dividends	8b.	\$0.00		\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00		\$0.00	
	8d. Unemployment compensation	8d.	\$0.00		\$0.00	
	8e. Social Security	8e.	\$0.00		\$0.00	
	8f. Other government assistance that you regularly receive					
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00		\$0.00	
	8g. Pension or retirement income	8g.	\$0.00		\$0.00	
	8h. Other monthly income. Specify:	8h.	+ \$0.00	+	\$0.00	
9.	<b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00		\$0.00	
10.	Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$3,429.75	+	\$0.00	\$3,429.75
11.	State all other regular contributions to the expenses that you list in Scheo	lule J.				
	Include contributions from an unmarried partner, members of your household friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that a		• • • • • • • • • • • • • • • • • • • •	,		
	Specify:			_	11. +	<b>+</b> \$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistical		•	icome. W		\$3,429.75
13.	Do you expect an increase or decrease within the year after you file this for No.  ☐ Yes. Explain:	orm?				Combined monthly income

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		Ma	in Document	Page 25 of	51
Fill in this informatio	n to identify your case	9:			
Debtor 1  Debtor 2	<b>Joseph</b> First Name	<b>Duaine</b> Middle Name	Vargas Last Name		Check if this is:  An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name	ornia	A supplement showing postpetition chapter 13 expenses as of the following date:
Case number (if known)	cruptcy Court for the: 6:23-bk-1516		entral district of Came	Ullia	MM / DD / YYYY
Official Form	า 106 <u>J</u>				
Schedule .	J: Your Ex	penses			12/15
					responsible for supplying correct information. If more

space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Describe Your Household	d			
1.	Is this a joint case?				
	<b>✓</b> No. Go to line 2.				
	Yes. Does Debtor 2 live in a sepa	arate household?			
	□ <sub>No</sub>	0": 15 40010 5	0		
		Official Form 106J-2, Expenses for	Separate Household of Debtor 2.		
2.	Do you have dependents?  Do not list Debtor 1 and	<b>✓</b> No	Dependent's relationship to	Dependent's	Does dependent live
	Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
	Do not state the dependents' names.				— □ No. □ Yes.
					— □ No. □ Yes.
					_ No. ☐ Yes.
					_ No. ☐ Yes.
					_ No. ☐ Yes.
3.	Do your expenses include expenses of people other than yourself and your dependents?	<b>√</b> No □ <sub>Yes</sub>			
Pa	rt 2: Estimate Your Ongoing N	Monthly Expenses			
	timate your expenses as of your ban	kruptcy filing date unless you are	using this form as a supplement in a		
			eck the box at the top of the form an	d fill in the appl	licable date.
	lude expenses paid for with non-cas ch assistance and have included it o			Ye	our expenses
4.	The rental or home ownership experience for the ground or lot.	enses for your residence. Include t	irst mortgage payments and any rent	4	\$500.00
	If not included in line 4:				
	4a. Real estate taxes			4a	\$0.00
	4b. Property, homeowner's, or rente	r's insurance		4b	\$0.00
	4c. Home maintenance, repair, and	upkeep expenses		4c	\$350.00
	4d. Homeowner's association or con	ndominium dues		4d.	\$0.00

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 Debtor 1
 Joseph
 Duaine
 Vargas
 Case number (if known)
 6:23-bk-15162-MH

 First Name
 Middle Name
 Last Name

	You	ur expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
5. Utilities:		
6a. Electricity, heat, natural gas	6a. <u>—</u>	\$150.00
6b. Water, sewer, garbage collection	6b	\$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$200.00
6d. Other. Specify:	6d	\$0.00
Food and housekeeping supplies	7.	\$750.00
Childcare and children's education costs	8.	\$0.00
Clothing, laundry, and dry cleaning	9.	\$200.00
0. Personal care products and services	10.	\$200.00
1. Medical and dental expenses	11.	\$100.00
<ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>	12.	\$150.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
4. Charitable contributions and religious donations	14.	\$0.00
<ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>		
15a. Life insurance	15a. —	\$0.00
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$0.00
15d. Other insurance. Specify:	15d	\$0.00
5. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$0.00
7. Installment or lease payments:	17a.	\$0.00
17a. Car payments for Vehicle 1	17b.	\$0.00
17b. Car payments for Vehicle 2	17c.	·
17c. Other. Specify: Student loans		\$10.00
17d. Other. Specify:	17d	\$0.00
<ol><li>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</li></ol>	18.	\$0.00
9. Other payments you make to support others who do not live with you.		
Specify:	19	\$0.00
O. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	e.	
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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Deb	tor 1	Joseph	Duaine	Vargas	Case numbe	r (if known) 6:23-bk-15162-MH
		First Name	Middle Name	Last Name		
21.	Other. Spec	ify:		_	21.	+\$0.00_
22.	Calculate yo	our monthly exp	enses.			
	22a. Add lin	es 4 through 21.			22a.	\$2,710.00
	22b. Copy li	ne 22 (monthly e	expenses for Debtor 2),	f any, from Official Form 106J-2	22b.	\$0.00
	22c. Add line	e 22a and 22b. T	he result is your month	y expenses.	22c.	\$2,710.00
23.	Calculate yo	our monthly net	income.			
	23a. Copy li	ne 12 (your com	bined monthly income) t	rom Schedule I.	23a.	\$3,429.75
	23b. Сору у	our monthly expe	enses from line 22c abo	ve.	23b.	<b>-</b> \$2,710.00
	23c. Subtrac	ct your monthly e	expenses from your mor	thly income.		A710.75
	The re	sult is your <i>mont</i>	hly net income.		23c.	<u>\$719.75</u>
24.	For example	e, do you expect	to finish paying for your	car loan within the year after you car loan within the year or do you of a modification to the terms of	u expect your	

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Fill in this information to identify your case:					
Debtor 1	Joseph	Duaine	Vargas		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bank	ruptcy Court for the:	c	entral District of Califo	ornia	
Case number 6:23-bk-15162 (if known)		<u>2-MH</u>			

### Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00 \$6,992.00 \$6,992.00
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)     2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$3,570.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)      3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>+</b> \$54,944.00
Your total liabilities	\$58,514.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$3,429.75
Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J	\$2,710.00

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Debtor 1

**Joseph** Duaine Vargas Case number (if known) 6:23-bk-15162-MH First Name Middle Name Last Name

Pa	rt 4: Answer These Questions for Administrative and Statistical Records		
	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the form.	he court with your other sched	lules.
Ę	Vhat kind of debt do you have?  Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28  Your debts are not primarily consumer debts. You have nothing to report on this part of the for this form to the court with your other schedules.	U.S.C. § 159.	t
	from the <i>Statement of Your Current Monthly Income</i> : Copy your total current monthly income from 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	n Official	\$5,239.00
9. <b>C</b>	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$0.00	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans. (Copy line 6f.)	\$13,750.00	
	9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00	
	9g. <b>Total</b> . Add lines 9a through 9f.	\$13,750.00	

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Fill in this information to identify your case				
Debtor 1	Joseph	Duaine	Vargas	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankr	uptcy Court for the:	C	entral District of California	
Case number				
(if known)				

## Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

✓ No

— Yes. Name of person — Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Joseph Duaine Vargas, Debtor 1

Date 10/27/2023 MM/ DD/ YYYY

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Fill in this information	n to identify your case	:		
Debtor 1	_Joseph	Duaine	Vargas	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Banl	cruptcy Court for the:	C	entral District of California	
Case number (if known)	6:23-bk-15162	2-MH		Check if thi amended fi

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

What is your current marita  Married	a status.				
☑ Not married					
During the last 3 years, have	e you lived anywhe	re other than where you li	ive now?		
<b>∕</b> No					
Yes. List all of the places	you lived in the last	3 years. Do not include wl	here you live now.		
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
			☐ Same as Debtor 1		☐ Same as Debtor 1
		From			From
lumber Street			Number Street		 To
		_			_
City	State ZIP Code	_	City	State ZIP Code	_
			☐ Same as Debtor 1		Same as Debtor 1
		_ From			_ From
umber Street		To	Number Street		To
ity	State ZIP Code	_	City	State ZIP Code	_
Vithin the last 8 years, did itories include Arizona, Ca	you ever live with a ifornia, Idaho, Louisia	spouse or legal equivaler ana, Nevada, New Mexico	nt in a community property , Puerto Rico, Texas, Wash	state or territory?(Com	munity property states a
<b>∕</b> No	, ,	,	, , ,	,	
Yes. Make sure you fill o	ut Schedule H: Vour	Codebtors (Official Form 1	106円/		

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ebtor 1	Joseph	Duaine	Vargas		Case number (if know	n) 6:23-bk-15162-MH
	First Name	Middle Nam				
art 2: Ex	xplain the Sources	of Your In	come			
		_				_
				iness during this year or the esses, including part-time a	ne two previous calendar ye ctivities.	ears?
				er, list it only once under De		
☐ No						
✓ Yes. F	Fill in the details.					
_			Debtor 1		Debtor 2	
			Sources of income	Gross Income	Sources of income	Gross Income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		F	<b>✓</b> Wages, commissions,		☐ Wages, commissions,	
	nuary 1 of current year I filed for bankruptcy:	until the	bonuses, tips	\$44,492.00	bonuses, tips	
	. ,	Ţ	Operating a business		Operating a business	
F			<b>1</b>		П w	
	For last calendar year: January 1 to December 31, <u>202</u>		Wages, commissions, bonuses, tips	\$25,000.00	☐ Wages, commissions, bonuses, tips	
(January			Operating a business		Operating a business	
For the c	For the calendar year before that	at:	Wages, commissions,	\$23,000.00	☐ Wages, commissions,	
(January	1 to December 31, 202		bonuses, tips  Operating a business	Ψ20,000.00	bonuses, tips	
	'		_Operating a business		Operating a business	
nclude inco oublic bene	ome regardless of whet efit payments; pensions	ther that inco ; rental incor	ne; interest; dividends; mo	of other income are alimony	; child support; Social Secu ; royalties; and gambling an	
<b>✓</b> No			-			
Yes. I	Fill in the details.					
			Debtor 1		Debtor 2	
			Sources of income	Gross income from each source	Sources of income	Gross Income from each source
			Describe below.	(before deductions and	Describe below.	(before deductions and
				exclusions)		exclusions)
From Jar	nuary 1 of current year	until the				
date you	filed for bankruptcy:	_				
		-				
For last of	calendar year:					
	1 to December 31, 202	<u>-</u> 22)				
		YYY -				
For the c	calendar year before that	at:				
	1 to December 31, <u>20</u> 2	_				
. ,		YYY -	_			

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Vargas

Case number (if known) 6:23-bk-15162-MH

i. Are eithe	Neither I	1's or Debtor 2's debts prima	rily consumer debt	s?			
□No.	an indivi	Debtor 1 nor Debtor 2 has p					
	During th	dual primarily for a personal,		debts. Consumer del	ts are defined in 11	U.S.C. § 101	(8) as "incurred by
		ne 90 days before you filed fo	or bankruptcy, did yo	ou pay any creditor a	total of \$7,575* or n	nore?	
	☐ No. G	So to line 7.					
	☐ Yes.	List below each creditor to paid that creditor. Do not in not include payments to an	clude payments for	domestic support obl			
	* Subjec	t to adjustment on 4/01/25 ar	nd every 3 years after	er that for cases filed	on or after the date	of adjustmen	t.
<b>√</b> Yes.	Debtor 1	or Debtor 2 or both have pr	imarily consumer o	debts.			
	During th	ne 90 days before you filed fo	or bankruptcy, did yo	ou pay any creditor a	total of \$600 or mor	e?	
	☐ No. G	So to line 7.					
	<b>√</b> Yes.	List below each creditor to include payments for dome an attorney for this bankrup	stic support obligati				
			Dates of payment	Total amount pa	id Amount yo	ou still owe	Was this payment for
	SOFI BAI	NK	8/3/2023	\$1,075	5.00_	\$10,669.00	☐Mortgage
	Creditor's N						☐ Car
_	<u>2750 E C</u> Number	ottonwood Pkwy Street	9/13/2023	_			Credit card
							✓ Loan repayment
_	Cottoriwa City	Hts, UT 84121-7284 State ZIP Code	-				☐ Suppliers or vendors
							Other
		re you filed for bankruptcy,					er? eral partner; corporations of wh
you are an operate as	officer, di		wner of 20% or mor	e of their voting secu	ities; and any mana	aging agent, i	ncluding one for a business you
<b>√</b> No							
Yes. L	ist all pay	ments to an insider.					
			Dates of payment	Total amount paid	Amount you still owe	Reason	for this payment
Insider's N	ame						
Number	Street						
City		State ZIP Code					

Debtor 1

<u>Joseph</u>

Duaine

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otor 1	Joseph	Duaine	Vargas		_ Case	number (if k	nown) 6:23-bk-15162-MH
	First Name	Middle Name	Last Name	•			
	year before you file ments on debts gua			payments or transfer	any property on acc	ount of a del	bt that benefited an insider?
	ments on debts gua	aranteed or cosign	led by all illsider.				
<b>√</b> No							
Yes. L	ist all payments tha	t benefited an insi	der.				
			Dates of	Total amount paid	Amount you still	Reason f	or this payment
			payment		owe	Include c	reditor's name
Insider's N	ame						
	ao						
Number	Street	_					
City	State	ZIP Code					
<b>√</b> No ☐ Yes. F	ill in the details.	Nat	ture of the case	Cou	rt or agency		Status of the case
Case title	·						Pending
				Court	Name		On appeal
							Concluded
Case nun	nber			Numb	er Street		
				City	St	ate ZIP Co	ode
heck all th	I year before you finat apply and fill in the oto line 11.	he details below.	y, was any of your p	property repossessed	, foreclosed, garnish	ed, attached	l, seized, or levied?
			B	a tha much arts		Deta	Value of the sure
			Describe	e the property		Date	Value of the propert
			_				
Creditor's N	Name						
Number	Street		Evolain	what happened			
raumbel	Jueer						
			_	rty was repossessed.			
				rty was foreclosed. rty was garnished.			
City	Sta	ate ZIP Code	<del>_</del>	rty was garnished. rty was attached, seiz	ad ar laviad		
	Oli		IPrope	LIV WAS ATTACHED SELT	en orievied		

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ebtor 1	Joseph	Duaine	Vargas	Case number (if knowl	n) <u>6:23-bk-15162-MH</u>
	First Name	Middle Name	Last Name		
11. Within 9 refuse to m	0 days before you f ake a payment beca	iled for bankruptc ause you owed a c	y, did any creditor, including a bank o	or financial institution, set off any amou	ints from your accounts or
<b>√</b> No					
☐ Yes. F	ill in the details.				
			Describe the action the creditor too	ok Date action was taken	Amount
Creditor's N	lame				
Number	Street				
City	State	z ZIP Code	Last 4 digits of account number: XXX	(X-	
			Last 4 digits of account number. AAA	W	
	year before you file eceiver, a custodiar			session of an assignee for the benefit o	f creditors, a court-
<b>✓</b> No					
Yes					
<b>√</b> No	ill in the details for e		y, did you give any gifts with a total v	ande of more than 4000 per person:	
Gifts wit	h a total value of mo	ore than \$600	Describe the gifts	Dates you gave the gifts	Value
Person to \	Whom You Gave the Gi	ft			
Number	Street				
City	Sta	ate ZIP Code			
Person's I	relationship to you _				
14. Within 2	! years before you fi	iled for bankruptc	y, did you give any gifts or contribution	ons with a total value of more than \$600	to any charity?
<b>✓</b> No					
Yes. F	ill in the details for e	ach gift or contribu	tion.		

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tor 1			Loot Name		
	First Name	Middle Name	Last Name		
	contributions to cha Il more than \$600	rities Describe	what you contributed	Date you contributed	Value
Charity's Na	ame	<del></del>			
Tidniy 0 Ti					
lumber	Street				
City	State ZI	P Code			
+ 6: 1 is	st Certain Losses				
Within 1 mbling?		d for bankruptcy or	since you filed for bankruptcy, did you	lose anything because of theft,	fire, other disaster, or
<b>√</b> No					
Yes. F	ill in the details.				
	- 41	et and Decaribe a	ny insurance coverage for the loss	Date of your loss	Value of property lost
	e the property you lo loss occurred	Include the	amount that insurance has paid. List pe	nding	,
		Include the		nding	,
		Include the	amount that insurance has paid. List pe	nding	
		Include the	amount that insurance has paid. List pe	nding	
how the	loss occurred	Include the insurance c	amount that insurance has paid. List pe	nding	
how the		Include the insurance c	amount that insurance has paid. List pe	nding	
t 7: Lis	st Certain Payme  1 year before you file ing bankruptcy or pr	Include the insurance of the insurance o	amount that insurance has paid. List pe claims on line 33 of <i>Schedule A/B: Prope</i>	nding  rty.  chalf pay or transfer any propert	
. Within 1 out seek	st Certain Payme  1 year before you file ing bankruptcy or pr	Include the insurance of the insurance o	amount that insurance has paid. List pe claims on line 33 of <i>Schedule A/B: Prope</i> and the standard st	nding  rty.  chalf pay or transfer any propert	
how the	st Certain Payme  1 year before you file ing bankruptcy or pr	Include the insurance of the insurance o	amount that insurance has paid. List pe claims on line 33 of <i>Schedule A/B: Prope</i> and the standard st	nding  rty.  chalf pay or transfer any propert	
how the  "t 7: Lis  "Within 1 out seek clude any No Yes. F	st Certain Payme  I year before you file ing bankruptcy or production attorneys, bankruptcy fill in the details.	Include the insurance of the insurance o	amount that insurance has paid. List pe claims on line 33 of <i>Schedule A/B: Prope</i> and the standard st	ehalf pay or transfer any propert	
t 7: List Within 1 out seek clude any Yes. F	st Certain Payme  I year before you file ing bankruptcy or pr attorneys, bankruptcy fill in the details.	Include the insurance control of the insurance of the ins	amount that insurance has paid. List pe claims on line 33 of <i>Schedule A/B: Properation</i> of the second of the seco	chalf pay or transfer any properties required in your bankruptcy.  Date payment or transfer was made	ry to anyone you consulted
t 7: List Within 1 out seek clude any Yes. F	st Certain Payme  I year before you file ing bankruptcy or production attorneys, bankruptcy fill in the details.	Include the insurance control of the insurance of the ins	amount that insurance has paid. List perblaims on line 33 of Schedule A/B: Properties of you or anyone else acting on your becy petition?  The or credit counseling agencies for service ion and value of any property transferrence.	chalf pay or transfer any properties required in your bankruptcy.	ry to anyone you consulte
Newport	st Certain Payme  I year before you file ing bankruptcy or present the details.  ankruptcy no Was Paid view Circle #100 Street  Beach, CA 92660	Include the insurance of the insurance o	amount that insurance has paid. List perblaims on line 33 of Schedule A/B: Properties of you or anyone else acting on your becy petition?  The or credit counseling agencies for service ion and value of any property transferrence.	chalf pay or transfer any properties required in your bankruptcy.  Date payment or transfer was made	ry to anyone you consulted
Nexus Bases on When the series of the series	st Certain Payme  1 year before you file ing bankruptcy or pr vattorneys, bankruptcy in Was Paid view Circle #100 Street  Beach, CA 92660 State Zi	Include the insurance control of the insurance of the ins	amount that insurance has paid. List perblaims on line 33 of Schedule A/B: Properties of you or anyone else acting on your becy petition?  The or credit counseling agencies for service ion and value of any property transferrence.	chalf pay or transfer any properties required in your bankruptcy.  Date payment or transfer was made	ry to anyone you consulted
Newport City ben@ne:	st Certain Payme  I year before you file ing bankruptcy or present the details.  ankruptcy no Was Paid view Circle #100 Street  Beach, CA 92660	Include the insurance of the insurance o	amount that insurance has paid. List perblaims on line 33 of Schedule A/B: Properties of you or anyone else acting on your becy petition?  The or credit counseling agencies for service ion and value of any property transferrence.	chalf pay or transfer any properties required in your bankruptcy.  Date payment or transfer was made	ry to anyone you consulted
how the  S. Within 1 cout seek clude any No Yes. F  Nexus B Person Wr 100 Bay Number  Newport City ben@ne Email or w	st Certain Payme  1 year before you file ing bankruptcy or pr rattorneys, bankruptcy no Was Paid view Circle #100 Street  Beach, CA 92660 State Zi xusbk.com	Include the insurance of the insurance o	amount that insurance has paid. List perblaims on line 33 of Schedule A/B: Properties of you or anyone else acting on your becy petition?  The or credit counseling agencies for service ion and value of any property transferrence.	chalf pay or transfer any properties required in your bankruptcy.  Date payment or transfer was made	ry to anyone you consulted

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	Joseph First Name	Duaine Middle Name	Vargas		Case number (if kno	wn) 6:23-bk-15162-MH
	First Name	Middle Name	Last Name			
004.5		Descri	ption and value of any property		Date payment or	Amount of payment
	orCC Inc. o Was Paid	0	an una olina		ransfer was made	
		Credit o	counseling	1	0/2023	\$19.95
<u>378 Sumı</u> Number	<u>mit Ave</u> Street			<u>-</u>	0/2020	Ψ10.00
Number	Sireet					
Jersey Ci	ity, NJ 07306-3110					
City	State Z	IP Code				
debtorcc.						
Email or we	ebsite address					
Person Wh	o Made the Payment, if	f Not You				
Oldon Will	o mado alo i aymon, ii	THOI TOU				
			did you or anyone else acting of	on your behalf pay or ti	ansfer any property	to anyone who promise
not inclu	eal with your creditor de any payment or to		ments to your creditors? ted on line 16.			
<b>√</b> No						
Yes. Fi	ill in the details.					
		Descri	ption and value of any property	, transformed	Data naumont or	Amount of normant
		Descri	puon and value of any property		Date payment or ransfer was made	Amount of payment
Person Wh	o Was Paid					
				_		
Number	Street					
- TULLIDEI	Circot				-	
City	Ctoto 7	IP Code				
City	State Z	IP Code				
		lad for bankrupter			u to anyono othor th	
Within 2	vears before you fil		' did voli sell trade, or otherwis	se transfer any propert		an property transferred
dinary co	urse of your busine	ss or financial affa	airs?			nan property transferred
dinary co	urse of your busine outright transfers a	ess or financial affa nd transfers made	airs? airs? as security (such as the granting			
dinary conclude both	urse of your busine outright transfers a	ess or financial affa nd transfers made	airs?			
dinary conclude both	urse of your busine outright transfers a	ess or financial affa nd transfers made	airs? airs? as security (such as the granting			
dinary conclude both onot include	urse of your busine outright transfers a	ess or financial affa nd transfers made	airs? airs? as security (such as the granting			
dinary conclude both onot include	urse of your busine n outright transfers and de gifts and transfers	ess or financial affa nd transfers made is that you have alr	airs? as security (such as the granting eady listed on this statement.	g of a security interest o	r mortgage on your p	property).
dinary cor clude both o not inclu- Mo	urse of your busine n outright transfers and de gifts and transfers	ess or financial affa nd transfers made is that you have alr Descri	airs?  as security (such as the granting eady listed on this statement.  ption and value of property	g of a security interest o	r mortgage on your p	oroperty).  Date transfer was
dinary conclude both onot include	urse of your busine n outright transfers and de gifts and transfers	ess or financial affa nd transfers made is that you have alr	airs?  as security (such as the granting eady listed on this statement.  ption and value of property	g of a security interest o	r mortgage on your p	property).
dinary co clude both o not inclu M No M Yes. Fi	urse of your busine n outright transfers and de gifts and transfers	ess or financial affa nd transfers made is that you have alr Descri	airs?  as security (such as the granting eady listed on this statement.  ption and value of property	g of a security interest o	r mortgage on your p	oroperty).  Date transfer was
dinary co clude both o not inclu M No M Yes. Fi	urse of your busine a outright transfers and de gifts and transfers and transfers and transfers and transfers are transfers and transfers are transfers.	ess or financial affa nd transfers made is that you have alr Descri	airs?  as security (such as the granting eady listed on this statement.  ption and value of property	g of a security interest o	r mortgage on your p	oroperty).  Date transfer was
dinary cor clude both o not inclu- Mo Yes. Fi	urse of your busine a outright transfers and de gifts and transfers and transfers and transfers and transfers are transfers and transfers are transfers.	ess or financial affa nd transfers made is that you have alr Descri	airs?  as security (such as the granting eady listed on this statement.  ption and value of property	g of a security interest o	r mortgage on your p	oroperty).  Date transfer was
rdinary conclude both on the include of the include	urse of your busine n outright transfers at de gifts and transfers ill in the details.  o Received Transfer	ess or financial affa nd transfers made is that you have alr Descri	airs?  as security (such as the granting eady listed on this statement.  ption and value of property	g of a security interest o	r mortgage on your p	oroperty).  Date transfer was
rdinary conclude both on the include of the include	urse of your busine n outright transfers at de gifts and transfers ill in the details.  o Received Transfer	ess or financial affa nd transfers made is that you have alr Descri	airs?  as security (such as the granting eady listed on this statement.  ption and value of property	g of a security interest o	r mortgage on your p	oroperty).  Date transfer was
rdinary conclude both on the include of the include	urse of your busine n outright transfers at de gifts and transfers ill in the details.  o Received Transfer	ess or financial affa nd transfers made is that you have alr Descri	airs?  as security (such as the granting eady listed on this statement.  ption and value of property	g of a security interest o	r mortgage on your p	oroperty).  Date transfer was
dinary college both on the include both on the include of the incl	urse of your busine outright transfers at de gifts and transfers till in the details.  o Received Transfer Street	ess or financial affa nd transfers made is that you have alr Descri	airs?  as security (such as the granting eady listed on this statement.  ption and value of property	g of a security interest o	r mortgage on your p	oroperty).  Date transfer was

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btor 1	Joseph	Duaine	Vargas		Case number (if known) 6:	23-bk-15162-MH
	First Name	Middle Name	Last Name	_		
		i filed for bankruptcy,	did you transfer any prop	erty to a self-settled trust	or similar device of which	you are a beneficiar
<b>√</b> No	•	,				
Yes. Fi	Il in the details.					
		Description	on and value of the prope	rty transferred		Date transfer was made
Name of to	rust					
irt 8: Lis	st Certain Finan	cial Accounts, Ins	truments, Safe Depos	sit Boxes, and Storag	e Units	
0. Within 1	vear before you fi	led for bankruptcy, we	ere any financial accounts	or instruments held in ve	our name, or for your bene	fit. closed. sold. mo
r transferre	ed? cking, savings, mor		nancial accounts; certificate		nks, credit unions, brokerag	
<b>√</b> No	, , , , , , , , , , , , , , , , , , , ,	,				
Yes. Fi	II in the details.					
		Last 4 di	igits of account number	Type of account or	Date account was	Last balance
		2001 1 01		instrument	closed, sold, moved, or transferred	
Name of Fi	nancial Institution					
		XXXX-		Checking		
Number	Street			Savings		
				☐ Money market ☐ Brokerage		
				Other		
City	State	7ID Code				
City	State	ZIP Code				
I. Do you r	now have, or did ye	ou have within 1 year	before you filed for bankr	uptcy, any safe deposit b	ox or other depository for s	securities, cash, or o
aluables? ☑No						
_						
☐ Yes. Fi	Il in the details.					
		Who els	se had access to it?	Describe the co	ontents	Do you still have it?
						□No
Name of Fi	nancial Institution	Name				Yes
Number	Street	Number	Street			
		City	State ZIP Co	de		
0:4	04-4-		State ZIP CO			
City	State	ZIP Code				

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ebtor 1	Joseph	Duaine	Vargas	Case number (if k	nown) 6:23-bk-15162-MH
	First Name	Middle Name	Last Name		
_	stored property in	n a storage unit o	r place other than your home wit	hin 1 year before you filed for bankrupto	ey?
<b>✓</b> No					
Yes. Fill	in the details.				
		Wh	o else has or had access to it?	Describe the contents	Do you still have
					it?
				_	□No
Name of Sto	rage Facility	Name	<b>)</b>		Yes
				_	
Number	Street	Num	ber Street		
				_	
		City	State ZIP Code		
City	State Z	IP Code			
Part 9: Ide	ntify Property Y	ou Hold or Co	ntrol for Someone Else		
	<u> </u>				
23. Do you h	old or control any	property that sor	neone else owns? Include any pr	roperty you borrowed from, are storing f	or, or hold in trust for someone.
<b>√</b> No					
☐Yes Fill	in the details.				
103.11	in the details.				
		Wh	ere is the property?	Describe the property	Value
				_	
Owner's Nar	ne	Num	ber Street		
	_			_	
Number	Street			_	
		City	State ZIP Code		
City	State Z	IP Code			
art 10: Gi	ve Details Abou	ıt Environmen	tal Information		
			iono onniu		
For the purp	ose of Part 10, the	following definit	ons apply:		
■ Environn	nental law means a	ny federal, state,	or local statute or regulation conce	erning pollution, contamination, releases	
■ Environn substance	nental law means a es, wastes, or mate	ny federal, state, erial into the air, l	or local statute or regulation conc and, soil, surface water, groundwa	erning pollution, contamination, releases ater, or other medium, including statutes o	
Environn substance cleanup	nental law means a ses, wastes, or mate of these substance	ny federal, state, erial into the air, la s, wastes, or mat	or local statute or regulation conca and, soil, surface water, groundwa erial.		r regulations controlling the
Environn substance cleanup of Site mea or utilize	nental law means a ses, wastes, or mate of these substance ns any location, fac it, including dispos	ny federal, state, erial into the air, l s, wastes, or mat cility, or property a al sites.	or local statute or regulation conce and, soil, surface water, groundwa erial. as defined under any environmenta	ater, or other medium, including statutes o	r regulations controlling the utilize it or used to own, operate,
Environn substance cleanup of Site mea or utilize  Hazardo	nental law means a ses, wastes, or mate of these substance ns any location, fac it, including dispos	ny federal, state, erial into the air, l s, wastes, or mat cility, or property a al sites. anything an envir	or local statute or regulation conce and, soil, surface water, groundwa erial. as defined under any environmenta	ater, or other medium, including statutes o	r regulations controlling the utilize it or used to own, operate,
<ul> <li>Environn substance cleanup of the substance cleanup of the substance or utilize</li> <li>Hazardoo pollutant,</li> </ul>	nental law means a ses, wastes, or mate of these substance ns any location, fac it, including dispos us material means contaminant, or si	ny federal, state, erial into the air, l s, wastes, or mat cility, or property a al sites. anything an envir milar term.	or local statute or regulation conce and, soil, surface water, groundwa erial. as defined under any environmenta	ater, or other medium, including statutes of all law, whether you now own, operate, or ous waste, hazardous substance, toxic su	r regulations controlling the utilize it or used to own, operate,
■ Environm substance cleanup of Site mea or utilize ■ Hazardo pollutant, Report all no	mental law means a bes, wastes, or mate of these substance ins any location, fac it, including dispos us material means contaminant, or si	ny federal, state, erial into the air, land s, wastes, or mat cility, or property a al sites. anything an envir milar term. d proceedings the	or local statute or regulation conce and, soil, surface water, groundwa erial. as defined under any environmenta conmental law defines as a hazard at you know about, regardless of	ater, or other medium, including statutes of all law, whether you now own, operate, or ous waste, hazardous substance, toxic su	r regulations controlling the utilize it or used to own, operate, ubstance, hazardous material,
■ Environm substance cleanup of Site mea or utilize ■ Hazardo pollutant, Report all no	mental law means a bes, wastes, or mate of these substance ins any location, fac it, including dispos us material means contaminant, or si	ny federal, state, erial into the air, land s, wastes, or mat cility, or property a al sites. anything an envir milar term. d proceedings the	or local statute or regulation conce and, soil, surface water, groundwa erial. as defined under any environmenta conmental law defines as a hazard at you know about, regardless of	ater, or other medium, including statutes of all law, whether you now own, operate, or ous waste, hazardous substance, toxic suff when they occurred.	r regulations controlling the utilize it or used to own, operate, ubstance, hazardous material,
■ Environm substance cleanup of cleanup of the cle	mental law means a bes, wastes, or mate of these substance ins any location, fac it, including dispos us material means contaminant, or si	ny federal, state, erial into the air, land s, wastes, or mat cility, or property a al sites. anything an envir milar term. d proceedings the	or local statute or regulation conce and, soil, surface water, groundwa erial. as defined under any environmenta conmental law defines as a hazard at you know about, regardless of	ater, or other medium, including statutes of all law, whether you now own, operate, or ous waste, hazardous substance, toxic suff when they occurred.	r regulations controlling the utilize it or used to own, operate, ubstance, hazardous material,

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	Joseph	Duaine	Vargas		Case number (if kn	own) 6:23-bk-15162-MH
	First Name	Middle Na	ime Last Nan			
		(	Governmental unit		Environmental law, if you know it	Date of notice
Name of site			overnmental unit			
Name of Site		G.	overnmental unit			
Number 5	Street	N	umber Street			
		Ci	ity State	ZIP Code		
City	State	ZIP Code				
i. Have you ✓ No	notified any gove	ernmental unit	t of any release of haz	ardous material	<i>!</i>	
	in the details.					
		(	Governmental unit		Environmental law, if you know it	Date of notice
Name of site		G	overnmental unit			
Number S	Street	N	umber Street			
		Ci	ity State	ZIP Code		
City	State	ZIP Code				
City	State	Zii Code				

Case number

City

State

ZIP Code

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btor 1	Joseph	Duaine	Vargas	Case number (if known) 6:23-bk-15162-MH
	First Name	Middle Name	Last Name	
art 11: Giv	e Details Abo	out Your Business o	or Connections to Any Business	
27. Within 4 ye	ears before you	filed for bankruptcy, d	id you own a business or have any of th	e following connections to any business?
☐ A so	ole proprietor or s	self-employed in a trade	e, profession, or other activity, either full-ti	ime or part-time
A m	ember of a limite	ed liability company (LL	C) or limited liability partnership (LLP)	
☐ A pa	artner in a partne	rship		
☐ An o	officer, director, o	or managing executive of	of a corporation	
☐ An c	owner of at least	5% of the voting or equ	uity securities of a corporation	
☑ No. None	e of the above ap	oplies. Go to Part 12.		
Yes. Che	ck all that apply	above and fill in the de	tails below for each business.	
		Describ	be the nature of the business	Employer Identification number
Name				Do not include Social Security number or ITIN.
				EIN:
Number S	itreet			
Number 3	ureet	Name o	of accountant or bookkeeper	Dates business existed
				From To
City	State	ZIP Code		

Case 6:23-bk-15162-MH Doc 9 Filed 11/17/23 Entered 11/17/23 22:31:50 Main Document Page 42 of 51 Debtor 1 Joseph Dualne Vargas Case number (if known) \_ First Name Middle Name Last Name 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? include all financial institutions, creditors, or other parties. **M**No Yes. Fill in the details below. **Date** issued Name MM / DD / YYYY Number Street City **Part 12:** Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Joseph Duaine Vargas, Debtor 1 Date 10/27/2023 Did you attach additional pages to your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? No Attach the Bankruptcy Petition Preparer's Notice, Yes. Name of person \_ Declaration, and Signature (Official Form 119).

### Case 6:23-bk-15162-MH Doc 9 Filed 11/17/23 Entered 11/17/23 22:31:50 Desc Main Document Page 43 of 51

Fill in this information	ill in this information to identify your case:						
Debtor 1	_Joseph	Duaine	Vargas				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankr	uptcy Court for the:	c	entral District of Californ	ia			
Case number (if known)	6:23-bk-15162	2-MH					

### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

art 1: List You	ur Creditors Who Have Secured Claim	ns .			
For any creditor below.	rs that you listed in Part 1 of Schedule D: Cre	editors Who Have Claims Secured by Property (Officia	al Form 106D), fill in the information		
Identify the cre	ditor and the property that is collateral	What do you intend to do with the property that s a debt?	secures Did you claim the property as exempt on Schedule C?		
Creditor's name:	WELLS FARGO DEALER SERVICES	<ul><li>✓ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>	☑ No ☐ Yes		
Description of property  Located at Nuts and Volts, 4900 US 377, Ste securing debt:  G. Krugerville, TX 76227  Securiting Property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.					
	-, · · · · · · · · · · · · · · · · · · ·	Retain the property and [explain]:			

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olor 1	Joseph	Duaine	Vargas	Case number (if known)
	First Name	Middle Name	Last Name	
t 2: List '	four Unexpired	Personal Property	Leases	
mation bel	ow. Do not list rea	l estate leases. Unexp	ired leases are leases that are still	tracts and Unexpired Leases (Official Form 106G), fill in the I in effect; the lease period has not yet ended. You may assume
expired pers	onal property leas	e If the trustee does n	ot assume it. 11 U.S.C. § 365(p)(2).	
Describe yo	our unexpired pers	sonal property leases		Will the lease be assumed?
Lessor's nam	ne:			☐ No
Description oproperty:	of leased			☐ Yes
Lessor's nam	ne:			□ No
				☐ Yes
Description of property:	of leased			
Lessor's nam	ne:			□ No
Description of property:	of leased			☐ Yes
Lessor's nam	ie:			□ No
Description of property:	of leased			☐ Yes
Lessor's nam	ne:			□ No
Description of property:	of leased			☐ Yes
Lessor's nam	ne:			□ No
Description or property:	of leased			☐ Yes
_essor's nam	e:			□ No
Description or operty:	of leased			☐ Yes
rt 3: Sign	Below			

Signature of Debtor 1

Date 10/27/2023

MM/ DD/ YYYY

	Caca 6:22 bk 15162 MH Dag	O Filod	111/17/2	2 En	torod	11/17/22	22-21-E0 Doc	^
Fill	in this information to identify your case:				51	Check one bo	x only as directed in thi	s form and in
D	ebtor 1 Joseph Duaine	Vargas				•	no presumption of abu	se.
	First Name Middle Name	Last Name				_	culation to determine if	
	ebtor 2 Spouse, if filing) First Name Middle Name	Last Name				of abuse a	pplies will be made und to Calculation (Official F	ler Chapter 7
		ntral District o	f California		-		ans Test does not apply I military service but it c	
_	ase number <u>6:23-bk-15162-MH</u> known)						•	,
						☐ Check if the	nis is an amended filing	
Of	ficial Form 122A-1							
Cł	napter 7 Statement of Your (	Curren <sup>.</sup>	t Mont	hly I	ncor	me		12/19
atta and bec with	as complete and accurate as possible. If two married people of a separate sheet to this form. Include the line number case number (if known). If you believe that you are exemple ause of qualifying military service, complete and file State this form.  Int 1: Calculate Your Current Monthly Income	to which the a pted from a p	additional information	formation of abuse	applies. because	On the top of you do not ha	any additional pages, ave primarily consume	write your name r debts or
1.	What is your marital and filing status? Check one only.							
	Not married. Fill out Column A, lines 2-11.							
	Married and your spouse is filing with you. Fill out bo			2-11.				
	Married and your spouse is NOT filing with you. You							
	Living in the same household and are not legally	-						
	Living separately or are legally separated. Fill ou under penalty of perjury that you and your spouse spouse are living apart for reasons that do not inc	e are legally s	eparated und	der nonba	nkruptcy	law that applie	es or that you and your	
va e:	01(10A). For example, if you are filing on September 15, the aried during the 6 months, add the income for all 6 months xample, if both spouses own the same rental property, put to 0 in the space.	and divide the	total by 6. F	ill in the re	esult. Do	not include an only. If you hav	y income amount more re nothing to report for a Column B	than once. For
					Debto	or 1	Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and deductions).	commissions	(before all pa	ayroll		\$5,239.00		
3.	<b>Alimony and maintenance payments.</b> Do not include pay is filled in.	ments from a	spouse if Co	olumn B		\$0.00		
4.	All amounts from any source which are regularly paid for your dependents, including child support. Include regular unmarried partner, members of your household, your deproommates. Include regular contributions from a spouse on the include payments you listed on line 3.	ar contribution endents, pare	s from an nts, and			\$0.00		
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2					
	Gross receipts (before all deductions)	\$0.00						
	Ordinary and necessary operating expenses	- \$0.00						
	Net monthly income from a business, profession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from rental and other real property	Dobtor 4	Dahtar 2					
٠.	Gross receipts (before all deductions)	<b>Debtor 1</b> \$0.00	Debtor 2					
	Ordinary and necessary operating expenses	- \$0.00						
	, and noosess, sponding oxponess			Сору				
	Net monthly income from rental or other real property	\$0.00		here		<b>#</b> 0.00		
				$\rightarrow$		\$0.00		
-	Interest dividends and royalties					\$0.00		

Filed 11/17/23 Entered 11/17/23 22:31:50 Doc 9 Debtor 1 Page 46 of 51 Column A Column B Debtor 1 Debtor 2 or non-filing spouse \$0.00 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit the Social Security Act. Instead, list it here: \$0.00 For you..... For your spouse..... 9. Pension or retirement income. Do not include any amount received that was a \$0.00 benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. \$5,239.00 \$5,239.00 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total current monthly income Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: \$5,239.00 12a. Copy your total current monthly income from line 11..... Copy line 11 here -Multiply by 12 (the number of months in a year). x 12 12b. The result is your annual income for this part of the form. \$62,868.00 12b 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. California Fill in the number of people in your household. \$71.861.00

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2.

To find a list of applicable median income amounts, go online using the link specified in the separate

instructions for this form. This list may also be available at the bankruptcy clerk's office.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.

Debtor 1

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Main Page 47 of 51 Case number (if known).

Last Name Case 6:23-bk-15162-MH Filed 11/17/23 Entered 11/17/23 22:31:50

First Name

Middle Name

Part 3: Sign Below

By signing here, I declars upder penalty of perjury that the information on this statement and in any attachments is true and correct.

Signature of Debtor 1

Date 10/27/2023 MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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### **Current Monthly Income Details for the Debtor(s)**

Debtor 1 Income Details: Income for the Period 05/01/2023 to 11/01/2023.

### **Employment Income**

Source of Income: Department of Tax and Fee Administration

Income by Month:

	Date	Income	Deductions	Net
6 Months ago	05/2023	\$5,369.00	\$1,752.34	\$3,616.66
5 Months ago	06/2023	\$5,369.00	\$1,752.34	\$3,616.66
4 Months ago	07/2023	\$5,369.00	\$1,752.34	\$3,616.66
3 Months ago	08/2023	\$5,109.00	\$1,674.25	\$3,434.75
2 Months ago	09/2023	\$5,109.00	\$1,674.25	\$3,434.75
Last Month	10/2023	\$5,109.00	\$1,679.25	\$3,429.75
	Average per month:	\$5,239.00	\$1,714.13	\$3,524.87

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Central District of California

In re	,	Vargas, Joseph Di	uaine							
					Ca	ase No	6:23-bk-1	5162-MH	-	
Debt	or				Cł	hapter	7			
			DISCLOSURE O	F COMPENSA	TION OF ATT	ORNE	FOR DI	EBTOR		
1.	cor	mpensation paid to	C. § 329(a) and Fed. Ba o me within one year be behalf of the debtor(s)	efore the filing of th	e petition in bank	kruptcy, o	r agreed to	be paid to	me, for services i	
	For	r legal services, I h	nave agreed to accept						\$1,200.00	
	Prid	or to the filing of th	is statement I have red	ceived				<u></u>	\$1,200.00	
	Bal	lance Due						<u> </u>	\$0.00	
2.	The	e source of the cor	mpensation paid to me	e was:						
	✓	Debtor	Other (specify)							
3.	The	e source of compe	nsation to be paid to m	ne is:						
	<b>A</b>	Debtor	Other (specify)							
4.		I have not agreed	d to share the above-d	lisclosed compensa	ation with any oth	er persor	n unless the	ey are mem	bers and associa	tes of my
		=	share the above-discle e agreement, together	•	-					tes of my
5.	ln r	return for the abov	e-disclosed fee, I have	e agreed to render l	legal service for a	all aspect	s of the bar	nkruptcy cas	se, including:	
	a.	Analysis of the obankruptcy;	debtor' s financial situa	ation, and rendering	g advice to the de	ebtor in de	etermining	whether to f	ïle a petition in	
	b.	Preparation and	I filing of any petition, s	schedules, stateme	ents of affairs and	plan whi	ch may be	required;		
	C.	Representation	of the debtor at the me	eeting of creditors a	and confirmation I	hearing,	and any ad	journed hea	arings thereof;	
6.	Ву	agreement with th	e debtor(s), the above	-disclosed fee does	s not include the	following	services:			

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### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/02/2023 /s/ Benjamin Heston

Date Benjamin Heston Signature of Attorney

Bar Number: 297798 Nexus Bankruptcy 100 Bayview Circle #100 Newport Beach, CA 92660 Phone: (951) 290-2827

Nexus Bankruptcy

Name of law firm

# STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LBR 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

#### None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

### None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

#### None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and little of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

### None

I declare, under penalty of perjury, that the fo	regoing is true and correct.	
Executed at Fontana	_, Califomia	Signature of Debtor
Date: 10/27/2023		Signature of Joint Debtor